Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Edta Wb

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 03:07 p.m.
Reporting Time : Aug 21, 2025, 05:24 p.m.
Sample ID : 3147950

HAEMATOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Blood Picture (CBP/CBC)				
Haemoglobin	13.7	13.5 - 17.0	gm/dL	Non-Cyanide Photometric Method
Total RBC Count	4.94	4.5 - 5.5	mil/cu.mm	Electrical Impedence
Total WBC Count	**3030**	4000-10000	cell/cu.mm	Electrical Impedence
Platelet Count	178	150 - 410	10^3/ul	Electrical Impedence
Red Cell Distribution Width	12.9	11.6 - 14.0	%	Calculated
Hematocrit	43.8	40 - 50	%	Calculated
Mean Cell Volume (MCV)	88.8	83 - 101	fL	Calculated
Mean Cell Haemoglobin (MCH)	27.8	27 - 32	pg	Calculated
Mean Corpuscular Hb Concn. (MCHC)	**31.3**	31.5 - 34.5	gm/dL	Calculated
Neutrophils	40	40 - 80	%	VCSn / Microscopy
Lymphocytes	**46**	20 - 40	%	VCSn / Microscopy
Monocytes	08	2 - 10	%	VCSn / Microscopy
Eosinophils	06	1 - 6	%	VCSn / Microscopy
Basophils	00	0-2	%	VCSn / Microscopy
Absolute Neutrophil Count	**1.21**	2.0 - 7.0	* 10^9/L	Calculated
Absolute Lymphocyte Count	1.39	1-3	* 10^9/L	Calculated
Absolute Monocyte Count	0.24	0.2-1.0	* 10^9/L	Calculated
Absolute Eosinophil Count	0.18	0.0-0.5	* 10^9/L	Calculated
Absolute Basophils Count	**0**	1-2	* 10^9/L	Calculated
RBC	Normocytic Normochromic			
WBC	Leucopenia with Lymphocytic Predominance			
Platelets	Adequate			

Reference

Fully automated haematology analyzer (Mindray BC-5380) (Colorimetry, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy). **Reference :** Dacie and Lewis Practical Hematology,12th Edition

END OF REPORT

Dr.Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 06:19 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
25-Hydroxy Vitamin D				
Vitamin D (25 - Hydroxy)*	22.86	Deficiency: < 20.0 Insufficiency: 20.0 - <30.0 Sufficiency: 30.0 - 100.0 Upper Safety : >100.0	ng/mL	CLIA

Interpretation:

Useful for :

Diagnosis of vitamin D deficiency .

Differential diagnosis of causes of rickets and Osteomalacia . Monitoring vitamin D replacement therapy . Diagnosis of hypervitaminosis D .

Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of vitamin D supplementation or environment.

Some potential interfering substances like rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase in the patient sample may cause erroneous results in immunoassays.Carefully evaluate the results of patients suspected of having these types of interferences.

Reference: Beckman Coulter DXI800 Kit Insert

END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 06:15 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Vitamin - B12				
Vitamin B12-Cyanocobalamin*	212	120 - 914	pg/ml	CLIA

Interpretation:

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groupsat risk for vitamin B12 deficiency include those

(1) older than 65 years of age (2) with malabsorption(3) who are vegetarians (4) with autoimmune disorders(5) taking prescribedmedication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors(6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people.

Reference: Beckman Coulter DXI800 Kit Insert

END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Fluoride - F

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 04:27 p.m.
Reporting Time : Aug 21, 2025, 08:04 p.m.
Sample ID : 3147947

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Glucose - Fasting				
Glucose fasting	93	Normal: 70 - 100 Impaired Tolerance: 101-125 Diabetes mellitus: >= 126	mg/dL	Glucose Oxidase/Peroxidase

Interpretation

A fasting blood glucose test is clinically significant because it is the most common method to screen for prediabetes and diabetes, as it measures blood sugar levels after a period of fasting, providing a reliable indicator of how well your body regulates glucose when not actively consuming food; high fasting blood glucose levels can indicate an increased risk of developing diabetes or related complications, even if symptoms aren't present.

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R.Ashwood, eds. Philadelphia, PA: WB saunders, 1998.

Mindray BS Series Kit insert

END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Urine

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 03:58 p.m.
Reporting Time : Aug 21, 2025, 05:24 p.m.
Sample ID : 3147948

CLINICAL PATHOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Urine Examination (CUE) - Urine				
Volume	20		ml	
Colour*	Pale Yellow	Pale Yellow		Visual
Transparency (Appearance)*	Clear	Clear		Visual
Reaction (pH)*	6.5	4.5 - 8		Double Indicator
Specific Gravity*	1.010	1.003 - 1.030		Ion concentration
Chemical Examination (Automated Dipstick Method) Urine				
Urine Protein (Albumin)*	Negative	Negative		Tetrabromophenol blue/ Sulphosalicylic acid
Urine Glucose (sugar)*	Negative	Negative		GOD-POD-Strip / Benedicts reagent
Blood*	Negative	Negative		Peroxidase
Urine Ketones (Acetone)*	Negative	Negative		Nitroprusside/ Rothera's test
Bilirubin*	Negative	Negative		Strip method
Nitrites	Negative	Negative		Diazonium / Strip Method
Leukocytes	Negative	Negative		Strip Method
Urobilinogen*	Negative	Normal		Modified Ehrlich's / Strip method
Microscopic Examination Urine				
Pus Cells (WBCs)*	2-3	0 - 5	/hpf	Microscopy
Epithelial Cells*	1-2	0 - 4	/hpf	Microscopy
Red blood Cells*	Absent	Absent	/hpf	Microscopy
Crystals*	Absent	Absent		Microscopy
Cast*	Absent	Absent		Microscopy
Bacteria/ Yeast Cells*	Absent	Absent		Microscopy
Others	Absent	Absent		Microscopy

Method

Semi Automated Dirui H-500 Urine Analysis Dipstick Method, Microscopy, Macroscopy

END OF REPORT

Dr.Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 03:38 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Renal Function Test				
Blood Urea Nitrogen	8.88	4 - 18 :New Born/Chid 6 - 20 : Adult 7 - 23 : > 60 years	mg/dL	Calculated
Urea - Serum	19	16.8 - 43.2	mg/dl	Urease-GLDH, UV Method
Creatinine -serum	1.22	Adults: 0.5 - 1.4 Children: 0.30 - 0.70	mg/dL	Picrate Method
Urea Creatinine Ratio	**15.57**	Elevated ratio : >100.1 Reduced ratio : <40.1	mg/mg	Calculated
Uric Acid	6.0	3.6 - 8.2	mg/dL	Uricase-Peroxidase

Interpretation

- Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels.
- Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy. Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels.
- Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage. High Urea, Uric Acid, and Blood Urea Nitrogen (BUN) could indicate poor renal function, in addition to other etiologies

Reference :

Mindray BS Series Kit Insert

END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 03:38 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Lipid Profile				
Cholesterol-Total	99	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL	CHOD-POD
Cholesterol-HDL Direct	53	High Risk: < 40 Optimal: 40 - 60 Low Risk: > 60	mg/dL	Direct
LDL Cholesterol	33	Optimal: < 100 Near / Above optimal: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very High: >= 190	mg/dL	Calculated
Triglycerides	65	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: >= 500	mg/dL	GPO-POD
Non - HDL Cholesterol	46	Desirable: < 130 Borderline High: 130 - 159 High: 160 - 189 Very High: >= 190	mg/dL	calculated
VLDL Cholesterol	13	10 - 30	mg/dL	calculated
CHOL/HDL RATIO	1.87	0.0 - 5.0	ratio	calculated
LDL/HDL RATIO	0.62	0.0 - 3.5	ratio	calculated
HDL/LDL RATIO	1.61	0.0 - 3.5	ratio	calculated

Interpretation

Interpretation:

• For non-fasting samples, the biological reference interval remains the same for all parameters, except for triglyceride as cholesterol (HDL, LDL, total), which changes only by a small amount in the non-fasting state; the recommended desired value for triglycerides is 200 mg/dl, are recommended to perform a follow-up fasting lipid panel in 2 to 4 weeks.

• As per the consensus of the Lipid Association of India, Non-HDL cholesterol and LDL cholesterol can be used as targets to monitor the effectiveness of lipid-lowering therapy.

Dr.Nalla Pavan
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Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 03:38 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology

Associated tests: Apolipoproteins A1, Apolipoproteins B, Apolipoprotein B/A1 Ratio, Lipoprotein(a)

Reference :

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R.Ashwood, eds. Philadelphia, PA: WB saunders.

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END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MR. RAHUL SRIVATSA SAI NANDURI
Age / Gender : 22 years / Male
Patient ID :445740
Referral : Dr. SELF
Sample Type : Serum

Source : Doctor C HYD
Collection Time : Aug 21, 2025, 10:10 a.m.
Receiving Time : Aug 21, 2025, 02:00 p.m.
Reporting Time : Aug 21, 2025, 06:06 p.m.
Sample ID : 3147949

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Thyroid Stimulating Hormone (TSH)				
TSH(THYROID STIMULATING HORMONE)	2.404	Adult Male : 0.45 to 5.33	µIU/mL	CLIA

Interpretation:

1.T3 &T4 values may be altered due to changes in serum proteins,pregnancy,drugs,nephrosis etc.In such cases Free T3 and Free T4 may give more appropriate thyroid status.T3 levels fluctuate rapidly to stress and non thyroid illness.
2.TSH values may be transiently altered in fever,severe infections,liver disease,renal and heart failure,severe burns,trauma and surgery.
3.Drugs that decrease TSH values include L-DOPA,Glucocorticoids,Heparin.Drugs that increase TSH include-Iodine,Lithium,Amiodarone.

Reference: Beckman Coulter DXI800 Kit Insert

END OF REPORT

Dr.Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081